Image# 13942566824 PAGE 1 / 15

### **FEC** FORM 3X

## **REPORT OF RECEIPTS AND DISBURSEMENTS**

| TOTTIVI OX  | or Other Than An Autr                      | iorizea Committee                        | Office Use Only                                    |
|---|--|--|--|
| 1. NAME OF COMMITTEE (in full)                              | TYPE OR PRINT ▼                            | Example: If typing, type over the lines. | 12FE4M5  |
| American Gastroentero                                       | logical Association I                      | nc. PAC                                  |  |
|   |  |  |  |
| ADDRESS (number and street)                                 | 4926 Delray Avenue                         |  |  |
| Check if different  |  |  |  |
| than previously reported. (ACC)                             | Bethesda                                   |  | MD 20814 -   |
| 2. FEC IDENTIFICATION NU                                    | MBER ▼ CIT                                 | Y. <b>A</b>                              | STATE ▲ ZIP CODE ▲                                 |
| C C00423228   |  | THIS EPORT X (N) O                       | R AMENDED (A)                                      |
| 4. TYPE OF REPORT (Choose One)                              | Report Due On:                             | 20 (M2) May 20 (I<br>20 (M3) Jun 20 (M   | (Non-Election<br>Year Only)                        |
| (a) Quarterly Reports:                                      |  |  | (Non-Election<br>Year Only)                        |
| April 15 Quarterly Report (Q1                               |  | 20 (M4) Jul 20 (M                        | 7) Oct 20 (M10) Jan 31 (YE)                        |
| July 15 Quarterly Report (Q2                                | PRE-Election                               | Primary (12P)                            | General (12G) Runoff (12R)                         |
| October 15 Quarterly Report (Q3                             | Report for the:                            | Convention (12C)                         | Special (12S)                                      |
| January 31<br>Year-End Report (YE                           |  | n on                                     | in the State of                                    |
| July 31 Mid-Year<br>Report (Non-election<br>Year Only) (MY) | (d) 30-Day  POST-Election  Report for the: | General (30G)                            | Runoff (30R) Special (30S)                         |
| Termination Report (TER)                                    | Election                                   | n on                                     | in the State of                                    |
| 5. Covering Period 10                                       | 01 2013                                    | through 10                               | M / D D / Y T Y T Y T Y T Y T Y T Y T Y T Y T Y    |
| I certify that I have examined this                         | s Report and to the best of                | my knowledge and belief it is            | s true, correct and complete.                      |
| Type or Print Name of Treasurer                             | J. Sumner Bell MD                          |  |  |
| Signature of Treasurer J. Sum                               | ner Bell MD                                | [Electronically Filed]                   | Date 11 / 20 / 2013                                |
| NOTE: Submission of false, errone                           | ous, or incomplete information             | n may subject the person signing         | ng this Report to the penalties of 2 U.S.C. §437g. |
| Office<br>Use<br>Only                                       |  |  | FEC FORM 3X<br>Rev. 12/2004                        |

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)
Page 2

Write or Type Committee Name

### American Gastroenterological Association Inc. PAC

Report Covering the Period: From: 10 01 2013 To: 10 31 2013

|     |  | COLUMN A<br>This Period | COLUMN B<br>Calendar Year-to-Date |
|-----|--|-------------------------|-----------------------------------|
| 6.  | (a) Cash on Hand January 1, 2013   |                         | 78185.85                          |
|     | (b) Cash on Hand at Beginning of Reporting Period  | 36935.85                |                                   |
|     | (c) Total Receipts (from Line 19)  | 11755.00                | 52505.00                          |
|     | (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)         | 48690.85                | 130690.85                         |
| 7.  | Total Disbursements (from Line 31)   | 10000.00                | 92000.00                          |
| 8.  | Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))                       | 38690.85                | 38690.85                          |
| 9.  | Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) | 0.00                    |                                   |
| 10. | Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) | 0.00                    |                                   |

×

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

#### For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

#### **DETAILED SUMMARY PAGE**

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

## American Gastroenterological Association Inc. PAC

| Report Covering the Period: From: 10                        | 01 2013 To                              | : 10 31 / 2013 COLUMN B |
|---|---|-------------------------|
| I. Receipts   | I. Receipts COLUMN A Total This Period  |                         |
| . Contributions (other than loans) From:                    |   |                         |
| (a) Individuals/Persons Other                               |   |                         |
| Than Political Committees                                   | 7525.00                                 | 29275.00                |
| (i) Itemized (use Schedule A)                               | 7                                       |                         |
| (ii) Unitemized   | 4230.00                                 | 15230.00                |
| (iii) TOTAL (add  | 7, 7, 125,01                            |                         |
| Lines 11(a)(i) and (ii)▶                                    | 11755.00                                | 44505.00                |
|   |   |                         |
| (b) Political Party Committees                              | 0.00                                    | 0.00                    |
| (c) Other Political Committees                              | 0.00                                    | 0.00                    |
| (such as PACs)  | 0.00                                    | 0.00                    |
| (d) Total Contributions (add Lines                          |   |                         |
| 11(a)(iii), (b), and (c)) (Carry                            | 11755.00                                | 44505.00                |
| Totals to Line 33, page 5)  Transfers From Affiliated/Other | 11700.00                                |                         |
| Party Committees  | 0.00                                    | 0.00                    |
| rarty committees  | 0.00                                    |                         |
| . All Loans Received  | 0.00                                    | 0.00                    |
|   | 7                                       | 7                       |
| Loan Repayments Received                                    | 0.00                                    | 0.00                    |
| . Offsets To Operating Expenditures                         |   |                         |
| (Refunds, Rebates, etc.)                                    |   |                         |
| (Carry Totals to Line 37, page 5)                           | 0.00                                    | 0.00                    |
| . Refunds of Contributions Made                             |   |                         |
| to Federal Candidates and Other                             |   |                         |
| Political Committees  | 0.00                                    | 8000.00                 |
| . Other Federal Receipts                                    |   |                         |
| (Dividends, Interest, etc.)                                 | 0.00                                    | 0.00                    |
| Transfers from Non-Federal and Levin Funds                  |   |                         |
| (a) Non-Federal Account (from Schedule H3)                  | 0.00                                    | 0.00                    |
| (IIOIII Schedule 115)                                       | 0.00                                    | 0.00                    |
| (b) Louis Fundo (from Ochodul 115)                          | 0.00                                    | 0.00                    |
| (b) Levin Funds (from Schedule H5)                          | 0.00                                    | 0.00                    |
| (c) Total Transfers (add 18(a) and 18(b))                   | 0.00                                    | 0.00                    |
| (5) 1533 1131151515 (333 15(4) 4114 15(5))                  |   | 0.00                    |
|   |   |                         |
| . Total Receipts (add Lines 11(d),                          |   |                         |
| 12, 13, 14, 15, 16, 17, and 18(c))▶                         | 11755.00                                | 52505.00                |
|   | , | ,                       |
| . Total Federal Receipts                                    |   |                         |
| (subtract Line 18(c) from Line 19) ▶                        | 11755.00                                | 52505.00                |

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

| II. Disbursements  | Total This Period |                       |  |
|--|-------------------|-----------------------|--|
| . Operating Expenditures:  (a) Allocated Federal/Non-Federal                       |                   | Calendar Year-to-Date |  |
| Activity (from Schedule H4)  |                   |                       |  |
| (i) Federal Share  | 0.00              | 0.00                  |  |
| (ii) Non Foderal Chara   | 0.00              | 0.00                  |  |
| (ii) Non-Federal Share(b) Other Federal Operating                                  | 0.00              | 0.00                  |  |
| Expenditures   | 0.00              | 0.00                  |  |
| (c) Total Operating Expenditures   |                   |                       |  |
| (add 21(a)(i), (a)(ii), and (b)) ▶   | 0.00              | 0.00                  |  |
| Transfers to Affiliated/Other Party  |                   | 0.00                  |  |
| Contributions to   | 0.00              | 0.00                  |  |
| Federal Candidates/Committees and Other Political Committees                       | 7500.00           | 89500.00              |  |
| Independent Expenditures   | 0.00              | 0.00                  |  |
| (use Schedule E) Coordinated Party Expenditures                                    | 0.00              | 0.00                  |  |
| (2 U.S.C. §441a(d))<br>(use Schedule F)  | 0.00              | 0.00                  |  |
|  |                   |                       |  |
| Loan Repayments Made   | 0.00              | 0.00                  |  |
| Loans Made   | 0.00              | 0.00                  |  |
| Refunds of Contributions To: (a) Individuals/Persons Other                         |                   |                       |  |
| Than Political Committees  | 2500.00           | 2500.00               |  |
|  |                   | 0.00                  |  |
| (b) Political Party Committees   | 0.00              | 0.00                  |  |
| (c) Other Political Committees (such as PACs)                                      | 0.00              | 0.00                  |  |
| (30011 03 1 7 03)  | 7                 | 7                     |  |
| (d) Total Contribution Refunds   |                   |                       |  |
| (add Lines 28(a), (b), and (c))▶   | 2500.00           | 2500.00               |  |
| Other Birth and the  |                   | 0.00                  |  |
| Other Disbursements  | 0.00              | 0.00                  |  |
| Federal Election Activity (2 U.S.C. §431(20))                                      |                   |                       |  |
| (a) Allocated Federal Election Activity  |                   |                       |  |
| (from Schedule H6)   |                   |                       |  |
| (i) Federal Share  | 0.00              | 0.00                  |  |
| (ii) III cuinII Chara  | 0.00              | 0.00                  |  |
| (ii) "Levin" Share(b) Federal Election Activity Paid Entirely                      | 0.00              | 0.00                  |  |
| (b) Federal Election Activity Paid Entirely  With Federal Funds                    | 0.00              | 0.00                  |  |
| (c) Total Federal Election Activity (add   |                   |                       |  |
| Lines 30(a)(i), 30(a)(ii) and 30(b))▶  | 0.00              | 0.00                  |  |
| Total Dishuranasta (add Line 2011) 20  |                   |                       |  |
| Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) | 10000 00          | 00000 00              |  |
| 20, 24, 20, 20, 21, 20(u), 29 and 30(c))   | 10000.00          | 92000.00              |  |
| Total Federal Disbursements  |                   |                       |  |
| (subtract Line 21(a)(ii) and Line 30(a)(ii)  |                   |                       |  |
| from Line 31)  | 10000.00          | 92000.00              |  |

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

| III. Net Contributions/Operating Expenditures                               | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 3. Total Contributions (other than loans) (from Line 11(d), page 3)         | 11755.00                      | 44505.00                          |
| 4. Total Contribution Refunds (from Line 28(d))                             | 2500.00                       | 2500.00                           |
| 5. Net Contributions (other than loans) (subtract Line 34 from Line 33)     | 9255.00                       | 42005.00                          |
| 6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶ | 0.00                          | 0.00                              |
| 7. Offsets to Operating Expenditures (from Line 15, page 3)                 | 0.00                          | 0.00                              |
| 3. Net Operating Expenditures (subtract Line 37 from Line 36)               | 0.00                          | 0.00                              |

# SCHEDULE A (FEC Form 3X)

| SCHEDULE A (FEC Form 3X)   |                       | Use separate schedule(s)  | FOR LINE NUMBER: PAGE 6 OF 15 (check only one)  |
|--|-----------------------|---|---|
| TEMIZED RECEIPTS   |                       | for each category of the<br>Detailed Summary Page                     | X   11a   |
| Any information copied from such Reports and Sor for commercial purposes, other than using the   | Statements made and a | ay not be sold or used by any pe<br>ddress of any political committee | erson for the purpose of soliciting contributions to solicit contributions from such committee. |
| NAME OF COMMITTEE (In Full)  American Gastroenterological A                                      | Associatio            | n Inc. PAC  |   |
| Full Name (Last, First, Middle Initial)  Vijaypal Arya  Mailing Address 7554 Metropolitan Avenue |                       |   | Date of Receipt   |
| City   | State                 | Zip Code  | 10 04 2013 Transaction ID : C2440754  |
| Middle Village   | NY                    | 11379   | Amount of Each Receipt this Period  |
| FEC ID number of contributing federal political committee.                                       | С                     |   | 250.00  |
| Name of Employer   | Occupation            | l   | -   |
| Self Employed  | Physician             |   |   |
| Receipt For:  Primary General  Other (specify) ▼   | Aggregate             | Year-to-Date ▼<br>250.00  |   |
| Full Name (Last, First, Middle Initial)  3. Richard McGuire Auld Jr.                             |                       |   | Date of Receipt   |
| Mailing Address 1200 Sonoma Ave Suite One  | 01-1-                 | 7. 0.4  | 10 08 7 2013  |
| City<br>Santa Rosa   | State<br>CA           | Zip Code<br>95405-6664  | Transaction ID : C2463468  Amount of Each Receipt this Period                                   |
| FEC ID number of contributing federal political committee.                                       | С                     |   | 500.00  |
| Name of Employer Digestive Health Consultants  | Occupation            | ı   |   |
| Receipt For: Primary General   | Aggregate             | Year-to-Date ▼  |   |
| Other (specify) ▼  |                       | 750.00  |   |
| Full Name (Last, First, Middle Initial)  John A. Balint  |                       |   | Date of Receipt   |
| Mailing Address 47 New Scotland Avenue, Rr Division of Gastro, MC 153                            | n TS 101              |   | 10 01 Y Y Y Y Y   |
| City<br>Albany   | State<br>NY           | Zip Code<br>12208-3412  | Transaction ID : C2463463  Amount of Each Receipt this Period                                   |
| FEC ID number of contributing federal political committee.                                       | С                     |   | 500.00  |
| Name of Employer   | Occupation            |   |   |
| Information Requested  | Information           | Requested   |   |
| Receipt For:  Primary General  Other (specify) ▼   | Aggregate             | Year-to-Date ▼ 500.00   |   |
| SUBTOTAL of Receipts This Page (optional)  |                       |   | 1250.00   |
|  |                       |   |   |

TOTAL This Period (last page this line number only).....

### SCHEDULE A (FEC Form 3X) ITE

FOR LINE NUMBER: PAGE

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| MIZED RECEIPTS   | for each category of the Detailed Summary Page | `       | ck only<br>11a<br>13 | 11b<br>14 | 11c           | 12<br>16 |        | 17 |
|--|--|---------|----------------------|-----------|---------------|----------|--------|----|
| information copied from such Reports and Statements ma | ay not be sold or used by any pe               | rson fo | or the p             | purpose o | of soliciting | contrib  | utions |    |

Any or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Gastroenterological Association Inc. PAC Full Name (Last, First, Middle Initial) J. Sumner Bell III Date of Receipt Mailing Address 4316 Sandy Bay Drive 10 04 2013 City State Zip Code Transaction ID: C2463467 VA Virginia Beach 23445-1531 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Name of Employer Occupation Digestive & Liver Disease Specialists Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Joel V. Brill Date of Receipt Mailing Address 3639 E Denton Ln 10 17 2013 City State Zip Code Transaction ID: C2463457 Paradise Valley ΑZ 85253-7508 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation Predictive Health Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) c. Naga P. Chalasani Date of Receipt Mailing Address 3165 Whispering Pines Ln 04 2013 WD OPW 2005 10 City Zip Code State Transaction ID: C2463466 IN Carmel 46032-4427 Amount of Each Receipt this Period FEC ID number of contributing 125.00 С federal political committee. Name of Employer Occupation Professor Indiana University Receipt For: Aggregate Year-to-Date ▼ Primary General 625.00 Other (specify) 1125.00 SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: **PAGE** 8 Use separate schedule(s) (check only one) X 11a 11b 11c

OF

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for each category of the 12 Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Gastroenterological Association Inc. PAC Full Name (Last, First, Middle Initial) Hashem B. El-Serag Date of Receipt Mailing Address Faculty Center BCM 620 1709 Dryden Rd 04 2013 10 City Zip Code State Transaction ID: C2463472 TX Houston 77030-4211 Amount of Each Receipt this Period FEC ID number of contributing 1250.00 federal political committee. Name of Employer Occupation Information Requested Information Requested Receipt For: Aggregate Year-to-Date ▼ Primary General 1250.00 Other (specify) Full Name (Last, First, Middle Initial) B. Rene Shek-Ming Eng Date of Receipt Mailing Address 217 Grand Street 7th floor 10 29 2013 City State Zip Code Transaction ID: C2456021 NY New York 10013 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation Rene Shek-Ming Eng, M.D. Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) c. Clark A. Harrison Date of Receipt Mailing Address 880 Ryland St 10 22 2013 City Zip Code State Transaction ID: C2463474 NV Reno 89502-1603 Amount of Each Receipt this Period FEC ID number of contributing 500.00 С federal political committee. Name of Employer Occupation Gastroenterology Consultants Gastroenterologist Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 2000.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: **PAGE** (check only one) X 11a 11b 11c

9 OF 15 Use separate schedule(s) for each category of the 12 Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Gastroenterological Association Inc. PAC Full Name (Last, First, Middle Initial) Steve Douglas Klein Date of Receipt Mailing Address 5115 Oleander Dr 10 01 2013 City Zip Code State Transaction ID: C2463454 NC Wilmington 28403-7018 Amount of Each Receipt this Period FEC ID number of contributing 350.00 federal political committee. Name of Employer Occupation Michigan Colon and Rectal Sgns Gastroenterologist Receipt For: Aggregate Year-to-Date ▼ Primary General 450.00 Other (specify) Full Name (Last, First, Middle Initial) B. Paul Martin Martin Mauk Date of Receipt Mailing Address 4815Menlo Park Dr Ste 850 10 19 2013 City State Zip Code Transaction ID: C2457279 TX Sugar Land 77479 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation Self M.D. Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) c. Samiappan Muthusamy Date of Receipt Mailing Address 695 Chestnut Street 2013 10 01 City Zip Code State Transaction ID: C2440755 NJ Union 07083 Amount of Each Receipt this Period FEC ID number of contributing 500.00 С federal political committee. Name of Employer Occupation Center for Digestive Diseases Gastroenterologist Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 1350.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 10 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Gastroenterological Association Inc. PAC Full Name (Last, First, Middle Initial) Mukesh B. Patel Date of Receipt Mailing Address 348 Shoreham Dr 2013 10 25 City Zip Code State Transaction ID: C2463460 VA Danville 24541-5165 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Name of Employer Occupation Physician-GI Danville Gastro Center Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. James Willoughby Penuel Jr. Date of Receipt Mailing Address 7152 Coca Sabal Ln 10 22 2013 City State Zip Code Transaction ID: C2463476 FL Fort Myers 33908 Amount of Each Receipt this Period FEC ID number of contributing 1100.00 federal political committee. Name of Employer Occupation Digestive Health Physicians Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 1100.00 Other (specify) Full Name (Last, First, Middle Initial) c. Craig M. Sande Date of Receipt Mailing Address 880 Ryland St 10 18 2013 City Zip Code State Transaction ID: C2457280 NV Reno 89502-1603 Amount of Each Receipt this Period FEC ID number of contributing 500.00 С federal political committee. Name of Employer Occupation Gastroenterology Consultants Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 1700.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

FOR LINE NUMBER: PAGE 11 OF 15 Use separate schedule(s) (check only one) X 11a 11b 12 11c

for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Gastroenterological Association Inc. PAC Full Name (Last, First, Middle Initial) Edwin C. Schafer Date of Receipt Mailing Address 3875 S 177th Ave 30 2013 10 City Zip Code State Transaction ID: C2457141 ΝE 68130-2230 Omaha Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Name of Employer Occupation Midwest Gastrointestinal Associates Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 350.00 Other (specify) Full Name (Last, First, Middle Initial) В. Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 100.00 SUBTOTAL of Receipts This Page (optional)..... 7525.00 TOTAL This Period (last page this line number only).....

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| SCHEDULE B (FEC Form 3X)   |   | FOR LINE NUMBER: PAGE 12 OF 15 |                     |                        |  |  |
|--|---|--------------------------------|---------------------|------------------------|--|--|
| ITEMIZED DISBURSEMENTS   | Use separate schedule(s) for each category of the | the (check only one)           |                     | 04 🗆 05 — 55           |  |  |
|  | Detailed Summary Page                             | 21b                            | 22 X 23             | 24 25 26<br>28c 29 30b |  |  |
| [  |   | 27                             | 28a 28b             |                        |  |  |
| Any information copied from such Reports and Stat<br>or for commercial purposes, other than using the na |   |                                |                     |                        |  |  |
| NAME OF COMMITTEE (In Full)  |   |                                |                     |                        |  |  |
| American Gastroenterological As  | sociation Inc. PAC                                |                                |                     |                        |  |  |
| Full Name (Last, First, Middle Initial)  |   |                                | D (D) .             |                        |  |  |
| A. Rand Paul Victory Committee   |   |                                | Date of Disbursemen | / Y Y Y Y Y            |  |  |
| Mailing Address PO Box 72190   |   |                                | 10 31               | 2013                   |  |  |
| City   | State Zip Code                                    |                                | Transaction ID : D1 | 49040                  |  |  |
| Newport Purpose of Disbursement  | KY 41072-0190                                     |                                |                     | 100 10                 |  |  |
| Campaign Contribution  |   |                                | Amount of Each Disb | ursement this Period   |  |  |
| Candidate Name   |   | Category/                      |                     | 1000.00                |  |  |
| Rand Paul Office Sought: House Disburs   | ement For: 2016                                   | Туре                           | 7                   | 7                      |  |  |
| Senate President   | Primary General  Other (specify)                  |                                |                     |                        |  |  |
| State: KY District:  |   |                                |                     |                        |  |  |
| Full Name (Last, First, Middle Initial)  |   |                                |                     |                        |  |  |
| B. BERA FOR CONGRESS   |   |                                | Date of Disbursemen | t                      |  |  |
| Mailing Address POST OFFICE BOX 582496   |   |                                | 10 09               | 2013                   |  |  |
| City<br>ELK GROVE  | State Zip Code<br>CA 95758                        |                                | Transaction ID : D1 | 50619                  |  |  |
| Purpose of Disbursement<br>Voided Disbursement for check originally dated 2                              | /28/2013  |                                | Amount of Each Disb | ursement this Period   |  |  |
| Candidate Name   |   | Category/                      |                     | 1000.00                |  |  |
| Rep. Ami Bera  |   | Туре                           |                     | -1000.00               |  |  |
| Senate President   | ement For: 2014 Primary General Other (specify)   |                                |                     |                        |  |  |
| State: CA District: 07  Full Name (Last, First, Middle Initial)  |   |                                |                     |                        |  |  |
| C. BERA FOR CONGRESS   |   |                                | Date of Disbursemen | t                      |  |  |
| Mailing Address POST OFFICE BOX 582496   |   |                                | 10 / D D D 11       | 2013                   |  |  |
| City   | State Zip Code                                    |                                | Transaction ID : D1 | 50620                  |  |  |
| ELK GROVE Purpose of Disbursement  | CA 95758  |                                |                     |                        |  |  |
| Campaign Contribution  |   |                                | Amount of Each Disb | uraamant this Bariad   |  |  |
| Candidate Name   |   | Category/                      | Amount of Each Disp | ursement this Fellou   |  |  |
| Rep. Ami Bera  |   | Type                           |                     | 1000.00                |  |  |
| Office Sought:  Senate President  Disburs  | ement For: 2014 Primary General Other (specify) ▼ |                                |                     | 1                      |  |  |
| State: CA District: 07   |   |                                |                     |                        |  |  |
| SUBTOTAL of Disbursements This Page (optional)   |   | <u> </u>                       |                     | 1000.00                |  |  |
| TOTAL This Period (last page this line number on   | y)  |                                |                     | 7                      |  |  |

| SCHEDULE B (FEC Form 3X)   |   | FOR LINE NUMBER: PAGE 13 OF 15 |  |  |  |  |
|--|---|--------------------------------|--|--|--|--|
| ITEMIZED DISBURSEMENTS   | Use separate schedule(s) for each category of the | (check only                    | one)   |  |  |  |
|  | Detailed Summary Page                             | 21b<br>27                      | 22 X 23 24 25 25 29 29 25 29 25 29 25 29 25 29 25 29 25 29 25 25 29 25 25 25 25 25 25 25 25 25 25 25 25 25 |  |  |  |
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| or for commercial purposes, other than using the na                  |   |                                |  |  |  |  |
| NAME OF COMMITTEE (In Full)  |   |                                |  |  |  |  |
| American Gastroenterological Ass                                     | sociation Inc. PAC                                |                                |  |  |  |  |
| Full Name (Last, First, Middle Initial)                              |   |                                |  |  |  |  |
| A. DIANE BLACK FOR CONGRESS  | 3   |                                | Date of Disbursement   |  |  |  |
| Mailing Address PO BOX 1437  |   |                                | 10 31 / 2013   |  |  |  |
| City   | State Zip Code                                    |                                |  |  |  |  |
| GALLATIN   | TN 37066  |                                | Transaction ID: D149034  |  |  |  |
| Purpose of Disbursement Campaign Contribution                        |   |                                | Amount of Each Disbursement this Period  |  |  |  |
| Candidate Name   |   | Category/                      | 1000.00  |  |  |  |
| Rep. Diane Black  Office Sought:                                     | oment For: 2044                                   | Туре                           | 1000.00  |  |  |  |
| Office Sought: House Disburs Senate President                        | ement For: 2014 Primary General Other (specify) ▼ |                                |  |  |  |  |
| State: TN District: 06   |   |                                |  |  |  |  |
| Full Name (Last, First, Middle Initial)                              |   |                                |  |  |  |  |
| B. FRIENDS OF JOE PITTS  |   |                                | Date of Disbursement   |  |  |  |
| Mailing Address PO BOX 775   |   |                                | 10 31 2013   |  |  |  |
| City<br>Unionville   | State Zip Code<br>PA 19375                        |                                | Transaction ID : D149032   |  |  |  |
| Purpose of Disbursement Campaign Contribution                        |   |                                | Amount of Each Disbursement this Period  |  |  |  |
| Candidate Name   |   | Category/                      | 1500.00  |  |  |  |
| Rep. Joe Pitts   |   | Туре                           | 1300.00  |  |  |  |
|  | ement For: 2014 Primary General Other (specify) ▼ |                                |  |  |  |  |
| Full Name (Last, First, Middle Initial)  C. MICHAEL BURGESS FOR CONG | SPESS   |                                | Date of Disbursement   |  |  |  |
| o. MICHAEL BUNGESS FOR CON   | JILOO   |                                | M M / D D / Y Y Y Y  |  |  |  |
| Mailing Address PO Box 2334  |   |                                | 10 31 2013   |  |  |  |
| City<br>Denton   | State Zip Code<br>TX 76202                        |                                | Transaction ID : D149033   |  |  |  |
| Purpose of Disbursement  |   |                                |  |  |  |  |
| Campaign Contribution  |   |                                | Amount of Each Disbursement this Period  |  |  |  |
| Candidate Name   |   | Category/                      | 1000.00  |  |  |  |
| Rep. Michael C. Burgess  Office Sought: House Disburs                | ement For: 2014                                   | Туре                           |  |  |  |  |
| Senate<br>President  | Primary General Other (specify) ▼                 |                                |  |  |  |  |
| State: TX District: 26   |   |                                |  |  |  |  |
| SUBTOTAL of Disbursements This Page (optional)                       |   | <u> </u>                       | 3500.00  |  |  |  |
| TOTAL This Period (last page this line number onl                    | y)  |                                |  |  |  |  |

| SCHEDULE B (FEC Form 3X)                             |  | FOR LINE NUMBER: PAGE 14 OF 15 |  |  |  |  |  |
|--|--|--------------------------------|--|--|--|--|--|
| ITEMIZED DISBURSEMENTS                               | Use separate schedule(s)                       | (check only                    | INOMBER.                                       |  |  |  |  |
|  | for each category of the Detailed Summary Page | 21b                            | 22 🔀 23 🔲 24 🔲 25 🖂 26                         |  |  |  |  |
|  |  | 27                             | 28a 28b 28c 29 30l                             |  |  |  |  |
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| or for commercial purposes, other than using the nan | ne and address of any politi                   | cai committee to               | solicit contributions from such committee.     |  |  |  |  |
| NAME OF COMMITTEE (In Full)                          | naiatian Ina DAC                               |                                |  |  |  |  |  |
| American Gastroenterological Asso                    | ociation inc. PAC                              |                                |  |  |  |  |  |
| Full Name (Last, First, Middle Initial)              |  |                                |  |  |  |  |  |
| A. COFFMAN FOR CONGRESS                              |  |                                | Date of Disbursement                           |  |  |  |  |
| Mailing Address 4950 S YOSEMITE STREET F2 #5         |  |                                | 10 09 2013                                     |  |  |  |  |
|  | ,,,,   |                                | 10 00 2010                                     |  |  |  |  |
| City   | State Zip Code                                 |                                | Transaction ID : D150618                       |  |  |  |  |
| GREENWOOD VILLAGE                                    | CO 80111                                       |                                | Transaction iD . D130016                       |  |  |  |  |
| Purpose of Disbursement Campaign Contribution        |  |                                | Amount of Each Disbursement this Period        |  |  |  |  |
| Candidate Name                                       |  |                                | Amount of Each disbursement this Feriod        |  |  |  |  |
| Rep. Mike Coffman                                    |  | Category/<br>Type              | 2000.00  |  |  |  |  |
|  | nent For: 2014                                 | 71                             | , ,  |  |  |  |  |
| Senate   | Primary General                                |                                |  |  |  |  |  |
| President  | Other (specify) ▼                              |                                |  |  |  |  |  |
| State: CO District: 06                               |  |                                |  |  |  |  |  |
| Full Name (Last, First, Middle Initial)              |  |                                | Date of Disbursement                           |  |  |  |  |
| B. BENNET FOR COLORADO                               |  |                                |  |  |  |  |  |
| Mailing Address PO BOX 3078                          |  |                                | 10 09 2013                                     |  |  |  |  |
| 5  |  |                                |  |  |  |  |  |
|  | State Zip Code                                 |                                | Transaction ID : D150617                       |  |  |  |  |
| DENVER Purpose of Disbursement                       | CO 80201                                       |                                |  |  |  |  |  |
| Campaign Contribution                                |  |                                | Amount of Each Disbursement this Period        |  |  |  |  |
| Candidate Name                                       |  | Category/                      |  |  |  |  |  |
| Sen. Michael Bennet                                  |  | Type                           | 1000.00  |  |  |  |  |
|  | nent For: 2016                                 |                                |  |  |  |  |  |
|  | Primary General                                |                                |  |  |  |  |  |
| State: CO District: 00                               | Other (specify) ▼                              |                                |  |  |  |  |  |
| Full Name (Last, First, Middle Initial)              |  |                                |  |  |  |  |  |
| C.   |  |                                | Date of Disbursement                           |  |  |  |  |
|  |  |                                | M M / D D / Y Y Y Y                            |  |  |  |  |
| Mailing Address                                      |  |                                |  |  |  |  |  |
| City   | State Zip Code                                 |                                |  |  |  |  |  |
| Dumana of Dishurana d                                |  |                                |  |  |  |  |  |
| Purpose of Disbursement                              |  |                                |  |  |  |  |  |
| Candidate Name                                       |  |                                | Amount of Each Disbursement this Period        |  |  |  |  |
|  |  | Category/<br>Type              |  |  |  |  |  |
| Office Sought: House Disburser                       | nent For:                                      |                                | ,        |  |  |  |  |
| Senate   | Primary General                                |                                |  |  |  |  |  |
| President  | Other (specify) ▼                              |                                |  |  |  |  |  |
| State: District:                                     |  |                                |  |  |  |  |  |
| CURTOTAL of Dishuraneents This Dane (authors)        |  |                                | 3000.00  |  |  |  |  |
| SUBTOTAL of Disbursements This Page (optional)       |  | ······                         | 333.50   |  |  |  |  |
| TOTAL This Period (last page this line number only)  |  |                                | 7500.00  |  |  |  |  |

| Use separate schedule(s) for each category of the Detailed Summary Page  | SCHEDULE B (FEC Form 3X)                            |   | FOR LINE NUMBER: PAGE 15 OF 15 |                     |                       |  |  |
|--|---|---|--------------------------------|---------------------|-----------------------|--|--|
| Detailed Summary Page 27 28s 28 28 28 28 28 28 28 28 28 28 28 28 28  | ITEMIZED DISBURSEMENTS                              | Use separate schedule(s) for each category of the | the (check only one)           |                     |                       |  |  |
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| or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.  NAME OF COMMITTEE (in Full)  American Gastroenterological Association Inc. PAC  Full Name (Last, First, Middle Initial)  City State Zip Code Town & Country MO 65131-1200  Purpose of Disbursement Refund  Candidate Name  Office Sought: House Disbursement For: Senate President  District  Site 100  City State Zip Code Town & Country Town & Country Town & Category/ Sitate: District  City State Zip Code CO 81301-3647  Purpose of Disbursement Refund  Candidate Name  Office Sought: House Category/ Office Sought: House Disbursement For: Site 100  City State Zip Code CO 81301-3647  Purpose of Disbursement Refund  Candidate Name  Office Sought: House Disbursement For: Site 100  City State Zip Code Co 81301-3647  Purpose of Disbursement Refund  Candidate Name  Candidate   | Any information conical from such Departs and Class | monto mou not be salal accord                     |                                |                     |                       |  |  |
| American Gastroenterological Association Inc. PAC  Full Name (Last, First, Middle Initial) A. Dr. Themistocles Dassopoulos  Mailing Address 1700 Mason Knoll Rd  City State Zip Code Town & Country MO 63131-1200  Purpose of Disbursement Refund Candidate Name  Office Sought: House Disbursement For: State: District: District  Full Name (Last, First, Middle Initial) B. Dr. Patrick D. Gerstenberger  Mailing Address 2 Burnett Ct Sta 100  City State Zip Code Tolebursement Tor: State Disbursement Refund  Candidate Name  Category' Type  Transaction ID: D150615  Amount of Each Disbursement  Transaction ID: D150615  Amount of Each Disbursement  Transaction ID: D150615  Amount of Each Disbursement  Transaction ID: D150615  Transaction ID: D150615  Amount of Each Disbursement  Transaction ID: D150615  Transaction ID: D150614  Amount of Each Disbursement this Period  Office Sought: House Disbursement For: President  State: District:  Full Name (Last, First, Middle Initial)  Ct.  Mailing Address  City State Zip Code  Pirrpose of Disbursement  Category' Type  Office Sought: House Disbursement For: Senate President  State: District:  Full Name (Last, First, Middle Initial)  Ct.  Date of Disbursement this Period  Category' Type  Office Sought: House Senate Primary General Primary General President  State: District:  Senate President Other (specify)   Senate President State: District Other (specify)   Substotal of Disbursement this Period   |   |   |                                |                     |                       |  |  |
| Full Name (Last, First, Middle Initial)  A. Dr. Themistocles Dassopoulos  Mailing Address 1700 Mason Knoll Rd  City State Zip Code MO 63131-1200  Prupose of Disbursement Refund  Candidate Name  Office Sought: House Disbursement For: Senate President State: District:  Full Name (Last, First, Middle Initial)  Category/ Office Sought: House Disbursement For: Senate President State: District:  Full Name (Last, First, Middle Initial)  Category/ Office Sought: House Disbursement For: Senate President State: District:  Full Name (Last, First, Middle Initial)  City State Zip Code Obsbursement Refund  Candidate Name  Category/ Type  District:  Full Name (Last, First, Middle Initial)  Category/ Office Sought: House President Disbursement For: Senate President State: District:  Full Name (Last, First, Middle Initial)  Category/ Office Sought: House President Disbursement For: Senate President Primary General Primary General Primary General President State: District:  State: District: Senate President Office Sought: House President Primary General Primary General President Primary General President Primary General Primary General Primary General President Primary General President Primary General Primary General Primary General Primary General President Primary General Primary General President Primary General Primary G  | NAME OF COMMITTEE (In Full)                         |   |                                |                     |                       |  |  |
| A Dr. Themistocles Dassopoulos  Mailing Address 1700 Mason Knoll Rd  City State Zip Code MO 63131-1200  Purpose of Disbursement Refund  Candidate Name  Office Sought: House Disbursement For: Senate Siste Of Disbursement For Siste Of Disbursement Refund  Category/ Type  Date of Disbursement this Period  Category/ Type  Transaction ID : D150615  Amount of Each Disbursement this Period  Category/ Type  Transaction ID : D150615  Amount of Each Disbursement this Period  Category/ Type  Transaction ID : D150614  Amount of Each Disbursement this Period  Category/ Type  Date of Disbursement this Period  Category/ Type  Category/ Type  Category/ Type  Category/ Type  Date of Disbursement this Period  Category/ Type  Category/ Type  Category/ Type  Category/ Type  Date of Disbursement this Period  Category/ Type  Category/ Type  Category/ Type  Date of Disbursement this Period  Category/ Type  Date of Disbursement this Period  Category/ Type  Category/ Type  Date of Disbursement this Period  Cate  | American Gastroenterological Ass                    | ociation Inc. PAC                                 |                                |                     |                       |  |  |
| Mailing Address 1700 Mason Knoll Rd  City State Zip Code Town & Country MO 63131-1200  Purpose of Disbursement Refund  Candidate Name  Office Sought: House Senate Primary General Primary General President  City State Zip Code Durago CO 81301-3647  Purpose of Disbursement Refund  Candidate Name  Disbursement For: General Primary General Primary General Primary General Primary General Town of Each Disbursement Town of Each Disburse  | _   |   |                                | 5 . (5)             |                       |  |  |
| Mailing Address 1700 Mason Knoll Rd  | A. Dr. Themistocles Dassopoulos                     |   |                                |                     |                       |  |  |
| Transaction ID : D150615 Purpose of Disbursement Retund Candidate Name  Office Sought: House President Other (specify) ▼  Full Name (Last, First, Middle Initial) B. Dr. Patrick D. Gerstenberger  Mailing Address 2 Burnett Ct Ste 100  City State Zip Code Durango Co Hisbursement For: Senate Primary General Other (specify) ▼  Transaction ID : D150615  Amount of Each Disbursement  Date of Disbursement  Transaction ID : D150615  Transaction ID : D150615  Transaction ID : D150616  Date of Disbursement  Transaction ID : D150616  Transaction ID : D150614  Amount of Each Disbursement Inis Period  Transaction ID : D150614  Amount of Each Disbursement Inis Period  Disbursement For: Senate Primary General Other (specify) ▼  Transaction ID : D150614  Amount of Each Disbursement Inis Period  Date of Disbursement Inis Period  Transaction ID : D150614  Amount of Each Disbursement Inis Period  Date of Disbursement Inis Period  Date of Disbursement  Category/ Type  Date of Disbursement  Category/ Type  Office Sought: House Disbursement For: Senate Primary General Other (specify) ▼  Subtotal of Disbursement Inis Period  Date of Disbursement Inis Period   | Mailing Address 1700 Mason Knoll Rd                 |   |                                |                     |                       |  |  |
| Town a Country Purpose of Disbursement Refund Candidate Name  Category/ Type  Disbursement For: Senate President State: District:  Full Name (Last, First, Middle Initial)  Dr. Patrick D. Gerstenberger  Mailing Address 2 Burnett Ct Sie 100  City Durango CO 81301-3647  Purpose of Disbursement Refund Candidate Name  Category/ Type  Date of Disbursement  Amount of Each Disbursement  Transaction ID : D150614  Amount of Each Disbursement  Amount of Each Disbursement  Category/ Type  Transaction ID : D150614  Amount of Each Disbursement  Category/ Type  Date of Disbursement this Period  Category/ Type  Date of Disbursement this Period  Amount of Each Disbursement  Category/ Type  Date of Disbursement this Period  Category/ Type  Date of Disbursement this Period  Amount of Each Disbursement this Period  Category/ Type  Date of Disbursement  Category/ Type  Date of Disbursement this Period  Category/ Type  Date of Disbursement  Category/ Type  Date of Disbursement this Period  Category/ Type  Date of Disbursement  Category/ Type  Date of Disbursement  Category/ Type  Date of Disbursement this Period  Date of Disbursement this Period  Category/ Type  Date of Disbursement this Period  | City  | •   |                                | Transaction ID : D1 | 150615                |  |  |
| Refund Candidate Name Category/ Office Sought:   |   | MO 63131-1200                                     |                                | Transaction iD . D  | 130013                |  |  |
| Office Sought: House Senate President State: District: Senate President State: District: Senate President President President Other (specify) Value President President President Other (specify) Value President Presid | Refund  |   |                                | Amount of Each Disk | oursement this Period |  |  |
| Office Sought:   | Candidate Name                                      |   |                                |                     | 1000.00               |  |  |
| State: District: Other (specify) ▼  Full Name (Last, First, Middle Initial)  B. Dr. Patrick D. Gerstenberger  Mailing Address  Co 81301-3647  Purpose of Disbursement Refund  Candidate Name  Category/ Office Sought: District:  Full Name (Last, First, Middle Initial)  Candidate Name  City State Zip Code Disbursement For: President Other (specify) ▼  State: District:  Candidate Name  Category/ Type  Date of Disbursement Initial Period  Category/ Type  Date of Disbursement Initial Period  Category/ Type  Amount of Each Disbursement Initial Period  Category/ Type  Office Sought: District:  Candidate Name  Category/ Category/ Type  Office Sought: House Disbursement For: Candidate Name  Category/ Category/ Type  Office Sought: House Disbursement For: Senate President Other (specify) ▼  State: District:  Substoral Amount of Each Disbursement this Period  Category/ Type  Office Sought: House Disbursement For: Senate President Other (specify) ▼  State: District:  Substoral Amount of Each Disbursement Inis Period  Category/ Type  Office Sought: House Disbursement For: Senate President Other (specify) ▼  Substoral Other (specify) ▼  Substoral Other (specify) ▼  Substoral Other (specify) ▼  Substoral Other (specify) ▼   | Office Sought: House Disburse                       | ment For:   | .,,,,                          |                     |                       |  |  |
| State: District:  Full Name (Last, First, Middle Initial)  B. Dr. Patrick D. Gerstenberger  Mailing Address 2 Burnett Ct Ste 100  City State Zip Code CO 81301-3647  Purpose of Disbursement Refund  Candidate Name  Category/ Type  Other (specify)   City State Zip Code Primary General Primary General Other (specify)   Category/ Type  Date of Disbursement Initial)  Category/ Type  Transaction ID: D150614  Amount of Each Disbursement this Period  Date of Disbursement this Period  Category/ Type  Total Name (Last, First, Middle Initial)  Category/ Type  Other (specify)   Other (specify)   Other (specify)   Other (specify)   State: Disbursement This Page (optional)   | Senate  | Primary General                                   |                                |                     |                       |  |  |
| B. Dr. Patrick D. Gerstenberger  Mailing Address 2 Burnett Ct Ste 100  City Durango Co 81301-3647  Purpose of Disbursement Refund Candidate Name  City District:  Full Name (Last, First, Middle Initial)  Candidate Name  City District:  City Senate President President Candidate Name  Candidate Name  Candidate Name  City State District:  City State District:  City State District:  Candidate Name  Category/ Type  Date of Disbursement Ib: Page (optional)  |   | Other (specify) ▼                                 |                                |                     |                       |  |  |
| Mailing Address 2 Burnett Ct Ste 100  City Durango CO B1301-3647  Purpose of Disbursement  Primary Office Sought:  Mailing Address  City Durango CO B1301-3647  Purpose of Disbursement  Primary Office Sought:  Primary Office Sought:  Primary General Other (specify)  Other (specify)  State:  District:  Substitute:  District:  Date of Disbursement  Amount of Each Disbursement this Period  Amount of Each Disbursement this Period  Other (specify)  Other (specify)  State:  District:  Substitute:  District:  Date of Disbursement  Amount of Each Disbursement this Period  Other (specify)  |   |   |                                |                     |                       |  |  |
| Mailing Address 2 Burnett Ct Site 100  City Durang Purpose of Disbursement Refund Candidate Name  Disbursement For: Senate President State: District:  Full Name (Last, First, Middle Initial) Candidate Name  City State  Disbursement For: Senate President City State  Disbursement Candidate Name  City State  Disbursement Candidate Name  City State  Disbursement Candidate Name  Category/ Type  Office Sought: Primary General Other (specify)  Tansaction ID: D150614  Amount of Each Disbursement this Period  Amount of Each Disbursement  Amount of Each Disbursement this Period  Category/ Type  Office Sought: Primary General Other (specify)  Tansaction ID: D150614  Amount of Each Disbursement this Period  Category/ Type  Office Sought: Primary General Other (specify)  Tansaction ID: D150614  Amount of Each Disbursement this Period  Category/ Type  Office Sought: Primary General Other (specify)  Tansaction ID: D150614  Amount of Each Disbursement this Period  Category/ Type  Office Sought: Disbursement  Amount of Each Disbursement this Period  Category/ Type  Office Sought: Disbursement  Amount of Each Disbursement this Period  Category/ Type  Office Sought: Disbursement  Amount of Each Disbursement this Period  | _   |   |                                | Date of Dishursemer | nt                    |  |  |
| Mailing Address 2 Burnett Ct Site 100  City Durango CO 81301-3647  Purpose of Disbursement Refund Candidate Name  Category/ Type  Office Sought:    House  | Dr. Patrick D. Gerstenberger                        |   |                                |                     |                       |  |  |
| Durango Purpose of Disbursement Refund Candidate Name  Category/ Type  Office Sought: House Primary General Persident State: District:  City State Zip Code  Purpose of Disbursement Candidate Name  Category/ Type  Date of Disbursement Category/ Type  Date of Disbursement  Category/ Type  Amount of Each Disbursement this Period  Category/ Type  Office Sought: House Primary General Candidate Name  Candidate Name  Disbursement  Candidate Name  Office Sought: House Primary General President Senate Primary General Office Sought: Senate Primary General  |   |   |                                |                     |                       |  |  |
| Purpose of Disbursement Refund  Candidate Name  Category/ Type  Disbursement For: Senate Primary General Other (specify) ▼  State: District:  Full Name (Last, First, Middle Initial)  C.  Mailing Address  City State Zip Code  Purpose of Disbursement  Candidate Name  Category/ Type  Amount of Each Disbursement this Period  Date of Disbursement  Category/ Type  Amount of Each Disbursement  Amount of Each Disbursement  Date of Disbursement  Category/ Type  Office Sought: House Senate Primary General President Other (specify) ▼  State: District:  SUBTOTAL of Disbursements This Page (optional)   |   | ·   |                                | Transaction ID : D  | 150614                |  |  |
| Refund Candidate Name Category/ Type  Category/ Type  Category/ Type  Category/ Type  Disbursement For:  Senate Primary General Other (specify) ▼  Date of Disbursement  Category/ Type  Date of Disbursement  Candidate Name  Candidate Name  Candidate Name  Candidate Name  Disbursement For:  Category/ Type  Category/ Type  Category/ Type  Category/ Type  Office Sought: House Senate Primary General Candidate Name  Category/ Type  Office Sought: House Senate Primary General Other (specify) ▼  Substract  Substract  Substract  Substract  Substract  Category/ Type  Category/ Type  Category/ Type  Category/ Type  Category/ Type  Amount of Each Disbursement this Period  Category/ Type  Substract  Substract  Substract  Substract  Substract  Category/ Type  Category/ Type  Category/ Type  Category/ Type  Category/ Type  Category/ Type  Amount of Each Disbursement this Period  Category/ Type    |   | 81301-3647  |                                |                     |                       |  |  |
| Office Sought: House Senate President State: District:  City State Zip Code  Purpose of Disbursement  Candidate Name  Office Sought: House President Senate Primary General Other (specify)   Category/ Type  Date of Disbursement  Category/ Type  Amount of Each Disbursement this Period  Category/ Type  Office Sought: House Senate Primary General Other (specify)   State: District:  SUBTOTAL of Disbursements This Page (optional)  |   |   |                                | Amount of Each Disk | oursement this Period |  |  |
| Office Sought: House Senate Primary General Other (specify)  State: District:  Full Name (Last, First, Middle Initial) C.  Mailing Address  City State Zip Code  Purpose of Disbursement  Candidate Name  Candidate Name  Office Sought: House Senate Primary General Other (specify) Type  Office Sought: House Primary General Other (specify) Type  Senate President Other (specify) Type  State: District:   | Candidate Name                                      |   | Category/                      |                     | 1500.00               |  |  |
| Senate Primary General Other (specify)  State: District:  C. Full Name (Last, First, Middle Initial) C. C. Date of Disbursement  Mailing Address  City State Zip Code  Purpose of Disbursement  Candidate Name  Candidate Name  Office Sought: House Senate Primary General Other (specify)  State: District:  Substitute Other (specify)  State State Sip Code  Primary General Other (specify)  State: District:   Substitute Other (specify)  State: Disbursements This Page (optional)   |   |   |                                |                     | 1500.00               |  |  |
| State: District:  C. Full Name (Last, First, Middle Initial)  C. Mailing Address  City State Zip Code  Purpose of Disbursement  Candidate Name  Candidate Name  Category/ Type  Office Sought: House Primary General Primary General Other (specify)  State: District:  Substoctable Disbursements This Page (optional)  |   |   |                                |                     |                       |  |  |
| State: District:  Full Name (Last, First, Middle Initial)  C.  Mailing Address  City State Zip Code  Purpose of Disbursement  Candidate Name  Candidate Name  Candidate Name  Disbursement For: Senate Prisident President State: District:  SUBTOTAL of Disbursements This Page (optional)  |   | •   |                                |                     |                       |  |  |
| City State Zip Code  Purpose of Disbursement  Candidate Name  Category/ Type  Office Sought: House Senate Primary General President State: District:  Substoctal of Disbursements This Page (optional)   |   | Cirior (opeony)                                   |                                |                     |                       |  |  |
| City State Zip Code  Purpose of Disbursement  Candidate Name  Category/ Type  Office Sought: House Primary General President President State: District:  Subtotal of Disbursements This Page (optional)  | Full Name (Last, First, Middle Initial)             |   |                                |                     |                       |  |  |
| City State Zip Code  Purpose of Disbursement  Candidate Name  Candidate Name  Category/ Type  Office Sought: House Senate Primary General Other (specify)  State: District:  Subtotal of Disbursements This Page (optional)  | C.  |   |                                | Date of Disbursemer | nt                    |  |  |
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| Purpose of Disbursement  Candidate Name  Category/ Type  Office Sought: House Senate Primary General Other (specify) ▼  Substock  Subst  | Mailing Address                                     |   |                                |                     |                       |  |  |
| Candidate Name  Category/ Type  Office Sought: House Senate Primary General President Other (specify) ▼  State: District:  Substrict: Amount of Each Disbursement this Period  Amount of Each Disbursement this Period  Category/ Type  Amount of Each Disbursement this Period  | City  | State Zip Code                                    |                                |                     |                       |  |  |
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| Office Sought: House Disbursement For: Senate Primary General President Other (specify)   State: District:  Substruct: 2500.00   |   |   |                                | Amount of Each Disk | oursement this Period |  |  |
| Office Sought: House Senate Primary General President Other (specify) ▼  State: District:   Substitution State: Substitution of Disbursements This Page (optional)   | Candidate Name                                      |   | Category/<br>Type              |                     |                       |  |  |
| State: District: Other (specify)   SUBTOTAL of Disbursements This Page (optional)  | Office Sought: House Disburse                       | ment For:   | 71                             |                     | 7                     |  |  |
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